

for each outcome (incremental cost-effectiveness) using r-ATG vs. basiliximab were: acute allograft rejection USD\$5,4 (standard-risk) - \$8,7 (high-risk); delayed graft function for high-risk patients USD\$57,4; graft failure USD\$20 (standard-risk)-\$31 (high-risk); death USD\$19,9 (standard-risk) - \$39,1 (high-risk). **CONCLUSIONS:** The results of the comparative analysis of r-ATG vs. basiliximab in induction of renal transplant patients showed that r-ATG is a cost-effective alternative for a significant proportion of the population for the examined outcomes in Colombia. The investment necessary to reduce the risk of the considered outcomes can be low considering its benefits, especially in a context where the availability of donors is limited.

PUK12**COST-EFFECTIVENESS OF BASILIXIMAB AS INDUCTION THERAPY FOR KIDNEY TRANSPLANTATION IN MEXICO**Lemus A¹, Jimenez Aranda P²¹Novartis, Mexico City, Mexico, ²Novartis, Coyoacan, Mexico

OBJECTIVES: In Mexico 2,200 kidney transplantations were performed in the last 5 years. The objective of this study was to assess the cost-effectiveness of Basiliximab, which is a chimeric interleukin (IL)-2 receptor monoclonal antibody, versus antithymocyte globulins (ATG) or do not apply an induction therapy. **METHODS:** Cost-effectiveness analysis of three strategies: Basiliximab, ATG, and no induction, for the induction stage of kidney transplantation. Effectiveness was measured by the incidence of acute-rejection within 12 months. Time horizon was 1 year, and no discount rate was applied. Brenan D, et al, 2006 showed non-statistically difference in efficacy between Basiliximab and ATG. However, Nashan B, et al., 1997 found a difference on acute-rejection risk in ~17 percentage points (37.9% vs. 54.8%) between Basiliximab versus no-induction strategy. The costs included were the drugs cost and the kidney transplantation cost that was estimated in US\$29,334 according to DRGs at IMSS. Drug costs were from public tenders and from public health institution's perspective. **RESULTS:** The induction cost with Basiliximab was US\$31,191 and US\$76,621 with ATG. Basiliximab has the less average cost-effectiveness ratio (C/E) per acute rejection avoided with US\$512.46 compared to ATG. Basiliximab has the similar efficacy as ATG in patients at high risk for acute rejection, but with a lower cost which equals to 146% less per patient treated during the induction stage. Basiliximab compare to no-induction the Incremental cost-effectiveness ratio (ICER) per rejection avoided was US\$14,642. **CONCLUSIONS:** The analysis is not considering the whole opportunity cost of a kidney transplant beyond the cost of the intervention itself. However, Basiliximab represents a cost effective therapy for of acute-rejection in kidney transplantation with the lower average cost-effectiveness compared to no-induction and dominant vs ATG.

PUK13**COSTO-EFECTIVIDAD DEL TRASPLANTE RENAL COMPARADO CON LA DIÁLISIS EN COLOMBIA**

Rosselli D, Rueda JD, Díaz CE

Pontificia Universidad Javeriana, Bogotá, Colombia

OBJECTIVOS: Evaluar costos, utilidad y efectividad del trasplante renal comparado con terapia dialítica en adultos con enfermedad renal terminal en Colombia, desde la perspectiva del sistema de salud. **METODOLOGÍAS:** Se diseñó un modelo de Markov con 60 ciclos mensuales (horizonte 5 años) y 8 estados, incluyendo muerte como estado absorbente. Las transiciones entre estado se obtuvieron de los registros internacionales (Collaborative Transplant Study, University of Heidelberg, y US Renal Data System). Los costos se presentan en dólares de 2012 (1 USD = COP\$ 1785) y se obtuvieron de diferentes fuentes locales: casos reales y validación de expertos para uso de recursos, tarifarios oficiales (ISS 2001 ajustado) para procedimientos, SISMED para medicamentos. Las utilidades, en años de vida ajustados por calidad (AVAC), se obtuvieron promediando las reportadas en la literatura. Los datos se validaron en reuniones de expertos. Se hicieron análisis de sensibilidad univariados, multivariados y probabilísticos. Otros indicadores de efectividad fueron meses de vida ganados, meses de diálisis evitados y muertes evitadas. La tasa de descuento fue 3% y el umbral de costo-utilidad de 3 veces el PIB = USD\$ 20,168. **RESULTADOS:** El costo promedio total del paciente trasplantado a 5 años fue de \$87,342, y el de diálisis \$77,451, para una utilidad de 2.9832 y 2.1037 AVAC respectivamente (razón de costo-efectividad incremental RCEI = \$11,246). Otros resultados fueron \$1434 por mes de vida ganado, \$282 por mes de diálisis evitado y \$48,487 por muerte evitada. Parte de la diferencia en costos entre las terapias es debida a la mayor sobrevida del paciente trasplantado. Si igualamos la mortalidad de ambas terapias los costos se igualarían al comenzar el tercer año. **CONCLUSIONES:** El trasplante renal es más costo efectivo, tiene mayor sobrevida y mejor calidad de vida; a partir del tercer año es costo-ahorrador al ajustar por mortalidad.

URINARY/KIDNEY DISORDERS – Patient-Reported Outcomes & Patient Preference Studies**PUK14****QUALIDADE DE VIDA EM PACIENTES TRANSPLANTADOS RENAI**Maia RCF¹, Monteiro WMS¹, Silva MGC²¹Secretaria de Saúde do Estado do Ceará, FORTALEZA, Brazil, ²UECE, Fortaleza, Brazil

OBJETIVOS: Descrever o estado de saúde autopercebido e quantificar a qualidade de vida relacionada à saúde dos pacientes submetidos a transplante renal em hospitais públicos de Fortaleza- Ceará. **MÉTODOS:** A amostra foi composta de 50 pacientes submetidos a transplante renal entre 30 a 90 dias de pós-operatório, atendidos nos ambulatórios dos hospitais do estudo, no período de janeiro a julho de 2012 e que concordaram em participar do estudo. A amostra foi aleatória sendo aplicado o Euroqol-5D-5L (EQ-5D-5L) para mensuração indireta de preferências por estados de saúde, acrescentando questões sobre perfil sociodemográfico. **RESULTADOS:** Os 5 domínios de avaliação do instrumento EQ5D mostraram que no item mobilidade, 42(84%) pacientes não apresentam problemas, quanto aos cuidados pessoais, 44(88%) não tem problemas em realizá-los, 22(44%) deles não referiram problemas para realizar suas atividades habituais, enquanto 9(18%) sentem problemas

moderados e outros 9(18%) se sentem incapazes de realizar suas atividades habituais. No domínio dor/mal-estar, 33(66%) não refere dores ou mal-estar. Sobre ansiedade e depressão, 36(72%) não se sentem ansiosos ou deprimidos. O estado de saúde autopercebido, medido pela escala analógica visual, mostra uma pontuação mínima de 30 e máxima de 100, numa média de 78,5. A grande maioria dos pacientes 24(48%) considera sua saúde excelente, 17(34%) afirmam estar com saúde regular. Apenas 9(18%) da amostra considera sua saúde ruim. Quanto às condições socioeconômicas da amostra, 40(80%) pacientes estão em idade produtiva (20-59 anos), média de 41 anos, sendo a predominância do sexo masculino 34(68%). A maioria dos pacientes entrevistados, 27(54%), recebe apenas o salário mínimo como renda individual, obtida por aposentadoria ou auxílio doença. **CONCLUSÕES:** Pelo resultado obtido nessa pesquisa infere-se que os pacientes transplantados renais apresentam uma boa qualidade de vida nos primeiros meses após transplante. Sugere-se pesquisa prospectiva com o intuito de observar sobrevivência e as mudanças na qualidade de vida desses pacientes.

PUK15**HEALTH-RELATED QUALITY OF LIFE OF HEMODIALYSIS PATIENTS IN INDONESIA**

Perwitasari DA

Ahmad Dahlan University, Yogyakarta, Indonesia

OBJECTIVES: Health-Related Quality of Life (HRQoL) is one important outcome that should be monitored especially in chronic diseases. The long periode of treatment and the progress of diseases can give significant influence to patients' HRQoL. The study about HRQoL in developing countries will be important as one success parameter of treatment outcome. We conducted this study to understand the quality of life of the hemodialysis patients in Indonesia. **METHODS:** . We carried out observational study in the public hospital during 2 months. The subjects involved in this study were chronic renal failure patients which have been at least two times hemodialyzed in a public hospital. All of the patients were covered with national health insurance to avoid to finance impact of quality of life. The quality of life was measured by Indonesian version of WHO-QoL questionnaire which included physical health function, mental health function, environmental function, and social function. The association between quality of life domain and other functions were evaluated as well. **RESULTS:** This study showed that in average the scale of fifty hemodialysis patients' quality of life was 70.38. In the other hand, the scale of physical, emotional, environmental and social function were 23.58, 18.10, 14.86 and 7.76, respectively. There were positive correlations between the functions and quality of life domain. The function that had highest impact on quality of life domain was physical function and the function smallest impact on quality of life of domain was social function. **CONCLUSIONS:** We understand that patients' physical function during hemodialysis could deteriorate their quality of life. Thus the better service of health care given to the hemodialysis patients in Indonesia could increase their quality of life.

**RESEARCH POSTER PRESENTATIONS – SESSION II
RESEARCH ON METHODS****RESEARCH ON METHODS – Clinical Outcomes Methods****PRM1****EFFICACY AND SAFETY OF PULMONARY VEINS ISOLATION WITH CRYO TECHNIQUE**Curnis A¹, Cerini M¹, Lipari A¹, Vassanelli F¹, Salghetti F¹, Locantore E¹, Belotti M¹, D'Aloia A¹, Vizzardi E¹, Elmaghawry M², Raweh A³, Bontempi L¹¹University of Brescia, Brescia, Italy, ²Aswan Heart Centre, Aswan, Egypt, ³Faculty of Medicine, Ludes University, Lugano, Switzerland

OBJECTIVES: Pulmonary vein isolation using cryoablation represents a recently developed technology for atrial fibrillation management. Its safety and efficacy need to be evaluated. **METHODS:** From February 2011 to December 2012, 58 patients underwent pulmonary veins isolation by cryoablation with Arctic Front Cryoballoon (40 men and 15 women) with a mean age of 64.2 ± 11.3 years (range 44-71), symptomatic paroxysmal atrial fibrillation refractory to medical therapy and at least two antiarrhythmic drugs. In 12 patients (20.6%) there was a normal left atrial diameter, while in the remaining 36 (79.4%) there was a documented mild to moderate dilatation (mean diameter 50 mm). The ejection fraction (EF) measured by echocardiography was normal in 47 patients (81%, mean EF 58.3%), while in 11 patients (19%) there was a moderate left ventricular dysfunction (mean EF 43 %). 76% of patients underwent 2 cryo applications for pulmonary vein, while in the remaining 24% of patients was not possible the cannulation of the lower right pulmonary vein for technical-anatomical reasons. We performed a clinical follow-up at 3 and 6 months with 24h Holter ECG (27 pts) and subcutaneous implant of Loop Recorder (28 pts). **RESULTS:** At the end of follow-up: 51 patients (87.9%) were asymptomatic for palpitations and in sinus rhythm, 4 patients (6.9%) went to the emergency department for palpitations with electrocardiographic evidence of typical atrial flutter and underwent SVC-tricuspid isthmus ablation and 3 patients (5.21%) experienced episodes of AF lasting less than 24 hours. **CONCLUSIONS:** The isolation of pulmonary veins ostium by cryoablation with Arctic Front Cryoballoon in our series is a safe and effective technique with a low incidence of recurrence of the arrhythmia in the short term.

RESEARCH ON METHODS – Cost Methods**PRM3****ESTUDIOS DEL COSTE DE LA ENFERMEDAD**

Crespo C, Gisbert R, Brosa M

Oblikue Consulting, Barcelona, Spain

OBJECTIVOS: Analizar la producción de estudios del coste de la enfermedad (CoE) en el mundo durante 2000-2010. **METODOLOGÍAS:** Se realizó una revisión de los estudios de "Coste de la enfermedad" en inglés y español en PubMed y otras fuentes. Tras